

**ORDER APPROVING SETTLEMENT
WITH DISMISSAL
N.J.S.A. 34:15-20**

CASE No. _____

D.O. _____

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SOCIAL SECURITY NUMBER
NAME
ADDRESS (including County)

VS

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NAME
ADDRESS (including County)
<input type="checkbox"/> FEDERAL EMPLOYER'S IDENTIFICATION NUMBER OR <input type="checkbox"/> NEW JERSEY REGISTRATION NUMBER

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FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (If none insert Social Security No.)
NAME
ADDRESS
TELEPHONE (Area Code)

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INSURANCE CARRIER NAME (Indicate if Self-Insured or if Not Covered)
NAME
ADDRESS
TELEPHONE (Area Code)

This is a lump sum settlement between the parties in the amount of \$ _____
(_____ dollars)

pursuant to N.J.S.A. 34:15-20 which has the effect of a dismissal with prejudice, being final as to all rights and benefits of the petitioner and is a complete and absolute surrender and release of all rights arising out of this/these claim petition(s). The payment hereunder shall be recognized as payments of workers' compensation benefits for insurance rating purposes only.

- ☐ The parties agree that this settlement does not contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).
- ☐ Order For Distribution Attached

ALLOWANCES

MEDICAL FEES & COSTS	TOTAL ALLOWED	BY PETITIONER	BY RESPONDENT
ATTORNEY FEES			
STENO FEES			

STENOGRAPHIC SERVICE _____

REASON FOR SEC. 20 _____

We hereby consent to the entry of this Order and acknowledge receipt of it:

ATTORNEY FOR PETITIONER _____

ATTORNEY FOR RESPONDENT _____

PETITIONER _____

After considering all the circumstances, I find this settlement fair and just.

DATE _____ By _____

JUDGE OF COMPENSATION

OTHERS, WHERE APPLICABLE: _____